09/928766

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Under the Papers to Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE RASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = X \$ ΩR X S INDEPENDENT CLAIMS (37 CFR 1.18(b)) X S OR X 1 MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OΒ If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN CR (Column 2) (Column 3) (Column 1) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING NUMBER ADD1-RATE ADOL AFTER PREVIOUSLY **EXTRA** ENDMENT TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1,16(cj) Minus OR Minus Independent (37 CFR 1.16(b)) X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Catumn 2) (Column 1) (Column 3) CLAIMS HIGHEST 8 PRESENT REMAINING NUMBER RATE ADDI RATE ADOL ENT **AFTER** PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE: Total (37 CFR 1.16(4) Minus OR X S Independent (37 CFR 1.190-1) Minus AME X S 8 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE QR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI-TIONAL RATE ADDI-PREVIOUSLY ENDMENT AFTER **EXTRA** TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.18(c)) Minu OR Independent (37 CFR 1.160-)) Minus = OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d)) OR TOTAL TOTAL ADO'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "riighest Number Previously Peid For" IN THIS SPACE is less than 20, enter "20".
 If the "riighest Number Previously Peid For" IN THIS SPACE is less than 3, enter "3".

The "Fighest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 TNTL-0608-													S
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TOTAL CLAIMS			30				ſ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		Ī	ASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			30 minus 20-		. 10		ſ	X\$ 9=		OR	X\$18=	180	
INDEPENDENT CLAIMS			6 minus 3 =		• 3			X40=	1	OR	XBQ=	240	
M	LTIPLE DEPEN	IDENT CLAIM PI	THESE				ľ	+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "O" in column 2							-	TOTAL	·	OR	TOTAL	1130	
CLAIMS AS AMENDED - PART II OTHER THAI (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY													
INT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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	Independent	. 6	Minus	k	2	-		X40=		OR	X80=	-	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=		
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		(Column 1)		(Colu		(Column 9)		DOIT. FEE		•			
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13	KS 1/5	بآهر،					A	TOTAL DOT. FEE		OR	YOTAL ADDIT. FEE	ļ	
(Column 1) (Column 2) (Column 3)													Q
ENT C	•	REMAINING . AFTER AMENDMENT	·	NUM PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MOM	Total	.30	Mirses	•	10	• /		X\$ 9-		ОЯ	X\$18=	7.5.5	des
AMENDME	Independent	· Q	Minus	***	Q			X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+270=		
***	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the Prighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the Prighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												